

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: 09/15/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445238	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/12/2011
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST TULLAHOMA, TN 37388		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 050 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed the fire drill.</p> <p>The findings included:</p> <p>Observation during the fire drill on 9/12/11 at 9:55 AM, revealed staff member #1 did not announce the location of the fire (code red) and failed to activate the fire alarm system.</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 9/12/11.</p>	K 050	<p>1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARD whereas fire drills are held at unexpected times under varied conditions at least quarterly on each shift. Staff member #1 was inserviced on 9/12/11 as to the correct procedure of announcing fire location and pull station activation.</p> <p>2) On 9/13/11 Director of Environmental Services inserviced staff on announcing fire location and pull station activation.</p> <p>3) Director of Environmental Services will perform training and inservice regarding all fire drill procedures once per week for four weeks starting 9/23/11 and ending 10/21/11 at unexpected times under varied conditions and during varied shifts then monthly drills will be performed as per Life Care protocol. Upon hire all new employees will be inserviced regarding fire drill procedures and annually.</p> <p>4) Environmental Services Director will report occurrence of and result of audits to the interdisciplinary quality improvement committee for review and possible intervention.</p>	9/27/11	
K 054 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p> <p>This STANDARD is not met as evidenced by:</p>	K 054	<p>1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARD that all required smoke detectors including those activated door hold-open devices are approved, maintained and inspected and tested according to the manufacturer's specifications. Director of Environmental Services had smoke detector moved to appropriate distance</p>	9/27/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Laris Mullis

Executive Director

9/23/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

SEP 26 2011

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K 054	Continued From page 1 Based on observations, it was determined the facility failed to maintain the smoke detectors. The findings included: Observation of the West wing's house keeping closet on 9/12/11 at 9:40 AM, revealed the smoke detector was installed within 3 feet of the air return vent. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 9/12/11.	K 054	on 9/14/11. 2) Director of Environmental Services completed a facility tour on 9/14/11 to ensure all other smoke detectors were at appropriate distances. 3) Director of Environmental Services will ensure any future work done on smoke detectors by any outside company understands the distance regulation. All smoke detectors will be audited weekly for four weeks to ensure distances are appropriate. 4) Environmental Services Director will report occurrence of and result of audits to the interdisciplinary quality improvement committee for review and possible intervention.		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the sprinkler system. The findings included: Observation of the therapy room, the North wing nurses station, medicine room, and the kitchen's cooler on 9/12/11 at 9:35 AM, revealed supplies were stored within 18 inches of the sprinklers. These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 9/12/11.	K 062	1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARD requiring automatic sprinkler system to be continuously maintained and in reliable operating condition, inspected and tested periodically and there are no obstructions within 18 inches of any sprinkler. Director of Environmental Services removed all items/objects from the North Wing nurse's station medication room and the kitchen's cooler on 9/12/11. 2) Director of Environmental Services audited facility on 9/12/11 to ensure no obstructions to any sprinklers were present and all were in compliance. 3) Director of Environmental Services will audit facility weekly for four weeks starting 9/12/11 and ending 10/10/11 all areas with sprinklers to ensure there are no obstructions within 18 inches of the	9/27/11	
K 066	NFPA 101 LIFE SAFETY CODE STANDARD	K 066			

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K 066 SS=E	<p>Continued From page 2</p> <p>Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to comply with the smoking regulations.</p> <p>The findings included:</p> <p>Observation of the smoking areas on 9/12/11 at 9:30 AM, revealed no metal containers with self-closing cover devices were provided in the</p>	K 066	<p>sprinkler then monthly for six months. Staff will be inserviced on 10/27/11 regarding the LIFE SAFETY CODE STANDARD 18" rule.</p> <p>4) Environmental Services Director will report occurrence of and result of audits to the interdisciplinary quality improvement committee for review and possible intervention.</p> <p>1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARD in that smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen used are stored or in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. Smoking by patients classified as not responsible is prohibited except when under direct supervision. Ashtrays of non-combustible material and safe design are provided in all areas where smoking is permitted. Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. Director of Environmental Services ordered appropriate ashtrays for all smoking areas identified.</p> <p>2) Director of Environmental Services performed daily checks of all smoking areas until the new ashtrays arrived on 9/20/11.</p> <p>3) Director of Environmental Services will ensure all smoking areas are properly equipped with compliant ashtrays on a weekly basis for four weeks then monthly</p>		9/27/11

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K 066	Continued From page 3 areas. This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 9/12/11.	K 066	for three months starting 9/20/11. 4) Environmental Services Director will report occurrence of and result of audits to the interdisciplinary quality improvement committee for review and possible intervention.		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system. The findings included: (1) Observation of the Legatis room on 9/12/11 at 9:25 AM, revealed the electrical outlet next to the sink was not a ground fault circuit interrupter (GFCI). (2) Observation of the maintenance shop on 9/12/11 at 10:10 AM, revealed a broken light cover. These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 9/12/11.	K 147	1) It is the practice of Life Care Center of Tullahoma to comply with NFPA 101 LIFE SAFETY CODE STANDARD, electrical wiring and equipment is in accordance NFPA 70, National Electrical Code .9.1.2. Director of Environmental Services replaced noted outlet with proper ground fault circuit interrupter, GCFI, receptacle on 9/12/11. Director of Environment I Services replaced a broken light cover located in the Maintenance Shop. 2) Director of Environmental Services audited facility on 9/13/11 to ensure ground fault circuit interrupters were compliant. All were found to be compliant. Director of Environmental Services audited facility on 9/13/11 to ensure all light covers were in compliance. 3) On 9/12/11 Director of Environmental Services inserviced all maintenance staff as to proper placement of receptacles, proper receptacle by a water source and replacing broken light covers. Director of environmental Services will audit facility for receptacles and broken light covers weekly for four weeks then monthly for three months starting 9/12/11. 4) Environmental Services Director will report occurrence of and result of audits to the interdisciplinary quality improvement committee for review and	9/27/11	

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